

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>
O.I.P.E. CLASSIFIER	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>
FORMALITY REVIEW	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>
RESPONSE FORMALITY REVIEW	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>

INDEX OF CLAIMS

✓ Rejected N Non-elected
 " Allowed I Interference
 (Through numeral)..... Canceled A Appeal
 - Restricted O Objected

Claim	Date
Final	Original
1	3/9/02
2	3/9/02
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Claim	Date
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If more than 150 claims or 10 actions
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Best Available Copy